

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Tomio Amano
Serial No. : 09/965,772 Examiner : Rachna Desai
Filed : September 27, 2001 Group Art Unit : 2176
For : APPLICATION DATA ERROR CORRECTION SUPPORT

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

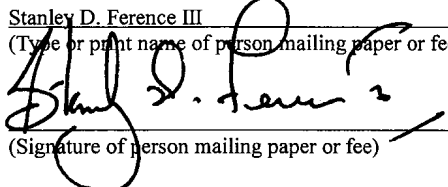
Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, by EFS Web on May 5, 2008.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. JP9-2000-0267
(590.083)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

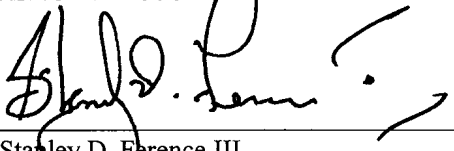
| | Claims Remaining After Amendment (Col. 1) | | Highest No. Prev. paid for (Col. 2) | | Present Extra (Col. 3) | | SMALL ENTITY | | | | OTHER THAN A SMALL ENTITY | |
|--|---|---|--|---|------------------------------|---|--------------|------|---|---|------------------------------|-------|
| | | | | | | | RATE | FEE | | | RATE | FEE |
| Total Claims | 15 | - | ** 22 | = | * 0 | x | \$25 | = | O | x | \$50 | = 0 |
| Ind. Claims | 8 | - | *** 14 | = | * 0 | x | \$105 | = | O | x | \$210 | = 0 |
| <input type="checkbox"/> Multiple Dependent Claim Presented | | | | | | + | \$185 | = | O | + | \$370 | = |
| | | | | | | | TOTAL | = \$ | O | | TOTAL | = \$0 |
| | | | | | | | | | R | | | |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: May 5, 2008

Mailing Address:

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